BEST AVAII ARI E CODY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. φ			X\$ 9=		OR	X\$18=	\mathcal{B}
INDEPENDENT CLAIMS			Cminus 3 =		$\cdot \varphi$			X40=		OR	X80=	A
MULTIPLE DEPENDENT CLAIM P			RESENT				ļ	+135=		OR	+270=	<i>y</i>
* If	the difference	in column 1 is	less than zero, enter "0" in co			column 2	L	TOTAL		OR	TOTAL	70
CLAIMS AS AMENDED - PART II								OTHER THAN				
_		(Column 1) CLAIMS	1, 400, 100, 100, 100, 100, 100, 100, 10	(Colui		(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	COL AINA	= [X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	CLAIM		۱ [+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	n
	(Column 1) (Column 2) (Column 3)										ADDIT. I EL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F OL AINA	-	П	X40=		OR	X80=	
<u>L</u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIN		, [+135=		OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	, (ADDIT. FEE		•	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIN	=		X40=		OR	X80=	
L	LINO I PHESE	NTATION OF M	OLITE DEI	CINDEN	LAIN		'	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR											TOTAL ADDIT, FEE	
		mber Previously F nber Previously Pa						_	propriate bo	k in co		